



## In The United States Patent and Trademark Office

In re application of: James P. Elia

Group No.: 1646

Serial No.: 09/064,000

Examiner: Elizabeth C. Kemmerer

Filed: April 21, 1998

For: METHOD AND APPARATUS FOR INSTALLATION OF DENTAL IMPLANT

MAIL STOP RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail, in an envelope addressed to Assistant Commissioner for Patents, MAIL STOP RCE, P.O. Box 1450, Alexandria, VA 22313-1450 on

JUNE 22, 2006

Michael K. White 6/22/06  
Signature Date of Signature

1. Transmitted herewith is an Amendment, being filed concurrently with a Request for Continued Examination, for this application.

2. Extension of Time

<u>Extension (months)</u>	<u>Fee for small entity</u>	<u>Fee for non-small entity</u>
One month	\$ 60.00	\$ 120.00
Two months	\$ 225.00	\$ 450.00
Three months	\$ 510.00	\$1,020.00
Four months	\$ 795.00	\$1,590.00
Five months	\$1,080.00	\$2,160.00

a) ☐ An extension is hereby requested for \_\_\_\_ month(s) with a fee of \$ \_\_\_\_.

An extension for \_\_\_\_ months has already been secured and the fee paid therefor of \$ \_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_.

OR

b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

**3. Fee for Claims**

The fee for claims has been calculated as shown below:

(column 1)		(column 2)		(column 3)	Small Entity	
	Claims remaining after amendment		Highest no. previously paid for	Present extra		Additional fee
Total	* 21	Minus	** 189	= 0	X 25 =	\$ 000.00
Indep.	* 01	Minus	** 05	= 0	x 100 =	\$ 000.00
First presentation of multiple dep. Claim					+ 180 =	\$ ---
					Total	\$ 000.00
					Additional fee	\$ 000.00

\* If the entry in Column 1 is less than entry in Column 2, write "0" in Column 3.

\*\* If the "Highest no. previously paid for" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest no. previously paid for" IN THIS SPACE is less than 3, enter "3".

The "Highest no. previously paid for" (total or indep.) is the highest number found in the appropriate box in Column 1 of a prior amendment or the number of claims originally filed.

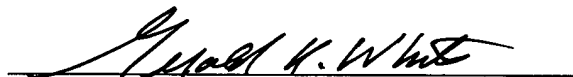
Total additional fees required: \$ 000.00

**4. Fee Payment**

☒ No fee is due.  
**OR**

☐ Attached hereto is Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.

Dated: June 22, 2006

  
Signature of attorney

Gerald K. White  
Reg. No.: 26,611

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